

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # N00950

1. Corporation Name

NORTH PORT ORCHESTRA ASSOCIATION, INC.

98 MAR -9 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13801-D S Tamiami Trail  
North Port Fl. 34187  
US

P.O. Box 7138  
North Port Fl. 34287  
US.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1-17-1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2454986

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MILLER, TERRY	5709 KENWOOD DR	NORTH PORT FL 34287
D	McMICHAEL, RAY	634 T MORING AV	NORTH PORT FL 34287
D	BRIGGS, MARY Jo.	1323 CYPRESS AV.	VENICE FL 34293
VP	KENNEDY, SYLVIA R.	6759 LAUREL CRT.	NORTH PORT FL 34287
P	COSTELLO VICTOR I	3984 NORTH ACCESS RD	ENGLEWOOD FL 34224

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

MILLER, TERRY L.  
12767 TAMIAAMI TRAIL  
NORTH PORT FL 34287

9. Name and Address of New Registered Agent

Name: COSTELLO, VICTOR I  
Street Address (P.O. Box Number is Not Acceptable): 3984 NORTH ACCESS RD.  
Suite, Apt. #, Etc.: A  
City: ENGLEWOOD  
State: FL  
Zip Code: 34224

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Victor I. Costello*

REGISTERED AGENT MUST SIGN

Date 1-29-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

200002451952-0

03/10/98 01036-008  
on intangible tax.)  
\*\*\*\*297.50 \*\*\*\*297.50

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Victor I. Costello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-98 941-413-0528

Date

Daytime Phone #

CR2040 (12/96)